

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Cecilia B. Alvarez  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY - 1 AM 9:39

DOCUMENT # **469803** (1)

LACERTE HOMES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 902 N. E. FIRST ST. POMPANO BEACH FL 33060  
Mailing Address: 902 N. E. FIRST ST. POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **02/11/1975**  
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1579314**  
Applied For:   
Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26

State, Apt. #, etc.: 22  
City & State: 27

City & State: 23  
City & State: 28

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

9. Name and Address of Current Registered Agent

FRIGOLA & BOVEN PA  
ONE FINANCIAL PLAZA  
SUITE 2012  
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Print or type name of current registered agent and title, if applicable)

(Print or type name of new registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LACERTE, JEAN LOUIS
STREET ADDRESS	902 N.E. FIRST STREET
CITY, ST., ZIP	POMPANO BEACH FL
TITLE	SVD
NAME	IRWIN, EDWARD
STREET ADDRESS	2700 NE 49TH ST.
CITY, ST., ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST., ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST., ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST., ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST., ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST., ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.011 and 190.012, Florida Statutes. I do hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation on the record or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward J. Irwin* Edward J. Irwin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
B. 6027 NC  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

03/24/1975

TALLAHASSEE, FLORIDA

DOCUMENT # **472336** (7)

ROBERT B. DEES, INC.

Principal Office (Mailing) Address: 116 NE PALM STREET, LIVE OAK FL 32060-4823

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created	3a. Date of Last Report
21	22	25	26	03/24/1975	06/01/1994
4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing	
59-1578324		<input type="checkbox"/>		<input type="checkbox"/>	
7. City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Applied For / Not Applicable	
Tallahassee, Florida		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEES, ROBERT B 116 NE PALM STREET LIVE OAK FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0525, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	P DEES, ROBERT B. 116 NE PALM STREET LIVE OAK FL	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	V DEES, JUDY S. 116 NE PALM STREET LIVE OAK FL	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(1)(b) and 199.032(1)(c), Florida Statutes. I further certify that the information reported on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or holder empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an official form with an address.

SIGNATURE: ROBERT B. DEES 4/28/95 904-362-2228